

schizophrenia comparable; the latter, a perception that amphetamine use was narcissistic and more associated with madness. Garson's chapter is meticulously researched, as with earlier contributions, and ends with a hypothesis on how the history of schizophrenia could be approached in future research. The chapter that follows Garson's continues the focus on schizophrenia, with a contribution by Brian P. Casey on the National Institute of Mental Health (NIMH) and schizophrenia in the decades after the Second World War. Casey successfully complicates the idea that schizophrenia became understood in biological terms through mere scientific enlightenment. Rather, he identifies the NIMH's rhetoric as important in reframing the disorder, arguing that a focus on it could prove illuminating for future studies.

The History of the Brain and Mind Sciences concludes with a brief coda by Katja Guenther which summarises the preceding chapters, offers some gnomic statements about the value of studying marginality (to avoid teleology, for example) and ends with an important albeit terse point about how history is a technique and one imbricated in the time-period in which it is written. Although beyond the scope of *The History of the Brain and Mind Sciences*, one suspects that historians of the neurosciences will return to Guenther's point in future publications – agitating, perhaps, for histories that not merely undermine teleological histories of neuroscience, but which also strive for a deeper, more creative engagement with our contemporary obsession with the neuro.

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Suzannah Biernoff, *Portraits of Violence: War and the Aesthetics of Disfigurement* (Ann Arbor, MI: University of Michigan Press, 2017), pp. viii + 213, \$70, hardback, ISBN: 9780472130290.

Fiona Reid, *Medicine in First World War Europe: Soldiers, Medics, Pacifists* (London: Bloomsbury Academic, 2017), pp. xi + 283, £19.99, paperback, ISBN: 9781472505927.

The face, Levinas wrote, invites us into a relationship with others. What happens to those who suffer from disfigurement in war? Are they spun off into an isolated space where interaction is no longer possible? Do they represent the horrors of war and the impossibility of using the word 'redemption' when speaking of the aftermath of war? Anyone interested in these matters should read Suzannah Biernoff's book. It is a sober challenge to those who tried to find any 'meaning' in war, let alone a 'redemptive' meaning in the suffering it brought about. In Biernoff's view, all their efforts foundered when confronted by the *Gueules cassées*, the men with broken faces.

A cultural history of the tortured face in and after war, her book makes us re-examine the term the 'gaze' used thoughtlessly all too frequently. When we look at disfigured men, do we look away? When they see us looking away, what relationship can we have with them? Her book is less about 'portraits of violence' than about the yawning gap between those who suffer and those who don't in the age of industrialised warfare. Violence has always existed, but assembly-line killing and mutilation on the scale of the Great War required a prior industrial revolution to equip the armies with weapons which devastated human bodies by the million. Perhaps her title would have been rendered better as *Portraits of Mutilation*, since what we see in renderings of these men is not violence but the ravages it causes.

One of the strengths of Biernoff's well-researched book is to force us to see that disfigurement as a moral or an aesthetic problem is always in the eye of the beholder. What we take to be beautiful, as much as what we take to be abject, is a judgment shot through with moral propositions and assumptions about the 'properly' constituted and gendered body. Strikingly different from the disfigurement caused by syphilis in its advanced stages, the condition of men whose faces were torn apart in the Great War reflected less their moral failure, than ours, alongside the failure of their own generation to grant them the recognition they deserved. The aversion felt when confronted with images of massive facial mutilation was their problem and remains our problem, and Biernoff's book is a useful and astringent antidote to either pity or to unfounded claims that disfigured men found redemption through surgery.

Her book is based on intensive and extensive archival research, which enables her to do justice to the talent of men like Henry Tonks and Harold Gillies to mix the precision of the surgeon with the tactile and penetrating understanding of the artist. Photographs expose; artists understand, she says in one aside. Perhaps, but historians interpret, and by doing so in a very sophisticated manner, she has produced a model of how medical history and art history can be braided together.

Fiona Reid's readable and incisive history of military medical practice in the First World War is a very different book. It is a synthesis of published work, and uses published primary sources, not archives. It provides a history of suffering and the efforts to alleviate it, and like Biernoff, forces us to face the political framework within which military medical care operated. The business of military medicine is to return damaged men to the front, thus ensuring myriad collisions between doctors' Hippocratic oath and their loyalty to their service and their nation. One of the original features of her book is the examination of what might be termed practical pacifism, or medical care as both protest and a massive effort to reduce the suffering the war brought about.

Reid is open about her limited focus on Germany, France and Britain, with an occasional nod to Austria. That is understandable, given that the bulk of published material in her field is on Western Europe. It is to be hoped that her book will stimulate others to take the story further east, and tell us about military medicine on the other fronts, and about the Red Crescent, as well as the Red Cross.

Within the domain of Western European war history, Reid's book has one major omission. It deals solely with military medicine, and leaves open the question of what happened to civilian medical care while all these doctors were away on military service. This is all the more surprising in that her primary conclusion is that the good work of the medical profession in wartime established the right of the men who served to a good standard of care in the peacetime world. What about their wives and children, or the parents of the men in uniform? Didn't the sacrifices of the war mean that they too deserved access to the same level of good medical care as did veterans? After all, soldiers fought for their families as much or perhaps even more than for their nations. We know that the principle of universal health care as a facet of citizenship was only established after the Second World War; the question remains as to why did this not happen before 1945. A full account of medicine in the Europe of the First World War needs to put the subject of civilian care in wartime at the heart of the story. That task still remains to be done.

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